PAT	ENT APPLIC	CATION H	ERM	INATIÔN RE	ECC	)RD	٨		· or Doc	ke: Numb	<b></b>	
CLAIMS AS FILED - PART I							10/511930					
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FOR			<b></b>			RATE FEE DATE						
TOTAL CHARGEABLE CLAIMS			NUMBER FILED NUMBER EXTRA			BASIC FEE OR BASIC FEE						
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					7	-	-	<del></del>	ORX	86= /	16	
If the differ	ence in column	1 is less th	an zero, enter 10	) in column 2		-1	45=		OR -2	90= /	70	
23 05	CLAIMS A	SAMEN	DED - PART I			TO	TAL		OR TO	TAL /4	kli	
-	(Column	1)	(Cotumn		٥.	Car		-	. 01	THER TH	N /	
	CLAIMS REMAINII		HIGHEST		<b>ו</b>	- SW	ILL ENT		OR SM	ALL ENT	TY	
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Total	-31	Minus	PAID FOR	=	4	-		EE_			NAL	
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						701	AL	<b>~</b>  `	R +29	)TAL		
	(Column 1	)	(Çolumn 2)	(Column 3)		ADDIT. FI	EE	10	R ADDIT.	FEE		
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entry in colum "Highest Num	in 1 is less than the	entry in colum	nn 2. write "0" in colu	mn 3	1	145=		OR	+290=	ļ	1	
*Highest Num Highest Numb	ber Previously Pai	for in this	nn 2, write "0" in colu SPACE is less than SPACE is less than Independent is the	20, enter '20.	ADD	T. FEE		OR :	TOTAL	<del> </del>	1	
475 IRW 100	Ped Associates	⊁or (Total or I	SPACE is less than SPACE is less than Independent) is the f	nighest number to	und ir	the appea	00/1316 50	• Al	DDIT. FEE	<u> </u>	1	